

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

10/570158

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.		
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1	1							51						
2		1						52						
3								53						
4		3						54						
5		1						55						
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TOTAL DEP.	8	←		←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS	9	████████		████████		████████		TOTAL CLAIMS	████████		████████		████████	